



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

☐ Amended Petition in Case _____
Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

EMPLOYER Clallam County PHD 2, Olympic Medical Center
CONTACT PERSON Laura Joshel
ADDRESS 939 Caroline St.
CITY, STATE, ZIP Port Angeles, WA 98362
TELEPHONE (360) 417-7000 ext. _____
FAX (360) 417-7307
E-MAIL ljoshel@olympicmedical.org

**ATTORNEY OR
REPRESENTATIVE****ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____**FAX** _____**E-MAIL** _____

PETITIONER SEIU Healthcare 1199NW
CONTACT PERSON Curt Williams
ADDRESS 15 S. Grady Way #200
CITY, STATE, ZIP Renton, WA 98057
TELEPHONE (425) 917-1199 ext. _____
FAX (425) 917-9707
E-MAIL curtw@seiu1199nw.org

**ATTORNEY OR
REPRESENTATIVE**Geoff Miller**ADDRESS** 15 S. Grady Way #200**CITY, STATE, ZIP** Renton, WA 98057**TELEPHONE** (425) 917-1199 ext. _____**FAX** (425) 917-9707**E-MAIL** geoffm@seiu1199nw.org**INCUMBENT BARGAINING REPRESENTATIVE** *Indicate one.*

- ☒ The parties are not currently represented for bargaining; OR
☐ The employees involved are currently represented by the organization below:

ORGANIZATION _____
CONTACT PERSON _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____ ext. _____
FAX _____
E-MAIL _____

**ATTORNEY OR
REPRESENTATIVE****ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____**FAX** _____**E-MAIL** _____**2. DESIGNATION OF REQUEST** *Indicate one.*

- ☒ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.

- ☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.

- ☐ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.

- ☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.

- ☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.

4. OTHER RELEVANT FACTS *Indicate one.*

- ☐ Additional information is set forth on separate sheets of paper attached to this petition.

3. BARGAINING UNIT**EMPLOYER'S PRINCIPAL BUSINESS**Acute care hospital**DEPARTMENT OR DIVISION INVOLVED**Dietary**COLLECTIVE BARGAINING AGREEMENT** *Indicate one.*

- ☒ The parties have never had a contract; OR

- ☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

**NUMBER OF
EMPLOYEES
IN UNIT** 32

DESCRIPTION *Indicate inclusions, exclusions, contract page or case/decision number.*

All full-time and regular part-time employees of Olympic Medical Center who perform duties related to the operation of the dietary department and are based at the Employer's acute care hospital located at 939 Caroline Street, Port Angeles, Washington 98362, excluding supervisors, confidential employees, and all other employees working at facilities operated by the Employer."

5. SHOWING OF INTEREST

A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. AUTHORIZED SIGNATURE FOR PETITIONER**PRINT NAME** Curt Williams**TITLE** Org Dir**SIGNATURE** [Signature]**DATE** 4/30/09